



Clinical study

Pressure ulcer prevention and treatment knowledge of Jordanian nurses

Mohammad Y.N. Saleh^a, Mahmoud Al-Hussami^a, Denis Anthony^{b,*}

^aFaculty of Nursing, University of Jordan, Jordan

^bSchool of Nursing & Midwifery, De Montfort University, Leicester LE1 9BH, UK

KEYWORDS

Pressure ulcers;
Knowledge;
Implementation;
Jordan;
Nursing

Abstract *Aims:* The aims of the study were to determine: (1) Jordanian nurses' level of knowledge of pressure ulcer prevention and treatment of hospitalized patients based on guidelines for pressure ulcer prevention and treatment. (2) Frequency of utilization of pressure ulcer prevention and treatment interventions in clinical practice. (3) Variables that are associated with nurses' utilization of pressure ulcer prevention and treatment interventions.

Background: Pressure ulcers are common and previous studies have shown education, knowledge and attitude affect implementation of interventions.

Methods: A cross-sectional survey design was used to collect data from 460 nurses between June 2010 and November 2010. We used a questionnaire, which was informed by earlier work and guidelines, to collect data about nurses' knowledge and practice of pressure ulcer prevention and treatment.

Results/findings: Knowledge and education show an association with implementation of prevention, and demographic variables do not. Similarly knowledge and type of hospital showed an association with implementing treatment. Of concern the use of "donuts" and massage are reported in use.

Conclusion: Although pressure ulcer care is well known by nurses, inappropriate pressure ulcer interventions were reported in use.

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Background

Pressure ulcers remain a significant and complex health problem in hospitals and community health care settings in terms of human suffering, pain,

disfigurement, loss of productive time, and financial burden. Pressure ulcer consequences include significant costs [1–4], increased infection rates [5] and increased length of stay [6,7]. Pressure ulcers are largely preventable [1,8].

Numerous clinical guidelines have been developed and implemented in health care systems during the past twenty-five years to assist nurses

* Corresponding author.

E-mail address: danthony@talktalk.net (D. Anthony).

to take appropriate decisions to improve pressure ulcer prevention and management [9]. The first guideline was developed in the Netherlands in 1985. Four years later, the National Pressure Ulcer Advisory Panel (NPUAP) in the USA developed new guidelines followed by the Agency for Health Care Policy and Research (AHCPR) guidelines in 1992, the European Pressure Ulcer Advisory Panel (EPUAP) in 1998 and the National Institute for Clinical Excellence in 2003. In 2009 NPUAP and EPUAP published a joint guideline [8] and in 2012 a Pan Pacific guideline was published [10]. No published work has confirmed the use of any of these guidelines in the Arab World.

Pressure ulcer prevention programmes consist of different components such as risk assessment, training and education, repositioning, use of preventive measures and support surfaces, and skin assessment. Day et al. [1] suggest that aggressive, ongoing pressure ulcer prevention programmes, including thorough skin assessment and care, frequent repositioning and careful selection of support surfaces have demonstrated significant reduction of pressure ulcer incidence and time taken for treatment as well as dramatic cost savings. Pressure ulcer training and education is a fundamental component of pressure ulcer programmes which promote awareness of pressure ulcer prevention and best practice [1,11–14].

Several studies have been conducted to evaluate how nurses employ pressure ulcer prevention and treatment methods. In a Dutch setting Halfens and Eggink [15] found inappropriate treatments such as massage were in use. Panagiotopoulou and Kerr [14] found specific practices that are now known to be poor practice such as use of “donuts” and massage were still thought to be acceptable in Greek setting. Apparently, there is a gap between theory and practice, with research results not finding their way into clinical practice.

Pancorbo-Hidalgo et al. [16] found high levels of knowledge in a Spanish location and about two-thirds implemented prevention interventions and a similar figure for treatment interventions. They found nurses with a university degree, specific education in pressure ulcers or who had been involved in pressure ulcer research had better knowledge and higher implementation rates. Mockridge and Anthony [17], in an English site, found senior staff were more knowledgeable than junior staff about pressure ulcer treatment. In a Belgian setting Beeckman et al. [18] found inadequate knowledge of prevention of pressure ulcer, and while knowledge was not correlated with application of preventive measures – attitude was.

Figures from Jordan showed that pressure ulcers are a significant health problem among hospitalized patients, with a prevalence of 12%, or 7% when grade I was excluded [19]. Furthermore, nursing care in relation to pressure ulcers is lacking adequate pressure ulcer documentation, risk assessment, training, and prevention and treatment guidelines [19]. The implementation of tissue viability programmes including pressure ulcer care in Jordan is a new and emerging part in clinical practice which requires the need for evidence based knowledge and robust research findings.

The current study is the first of its kind in Jordan and in the Arab world. It provides an opportunity to evaluate Jordanian nurses’ knowledge and utilization of pressure ulcer prevention and treatment and to explore those factors associated with pressure ulcer care in clinical practice. The findings of this study can form a baseline for nurses and health care professionals and may also contribute to develop an educational platform on pressure ulcer prevention and treatment at national and global levels.

Methods

Aims

The aims of the study were to determine:

- Jordanian nurses’ level of knowledge of pressure ulcer prevention and treatment of hospitalized patients using EPUAP/NPUAP guidelines for pressure ulcer prevention and treatment.
- Frequency of utilization of pressure ulcer prevention and treatment interventions in clinical practice.
- Variables that are associated with nurses’ utilization of pressure ulcer prevention and treatment interventions.

Design

A self-reported cross-sectional survey design was used to collect data from nurses who were providing care to patients with pressure ulcer problems between June 2010 and November 2010.

Sample/participants

Pressure ulcer care is performed at hospital settings in Jordan. Inclusion criteria were those hospitals having 200 and more beds and having medical, surgical, and critical care units. From a population

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